

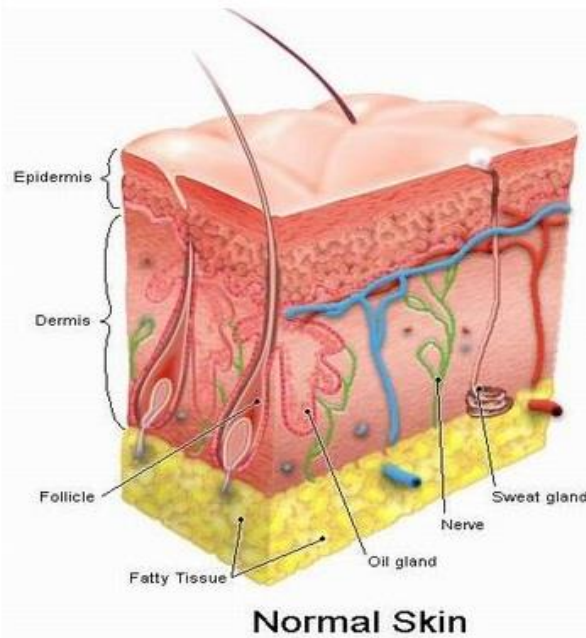
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# ALL TEAM

PRESENT

# Dermatology Revision

*6th year*



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Bacterial infections

|                      | <b>Impetigo contagiosa</b>                                                                                                                                                 | <b>Folliculitis</b>                                                           | <b>Sycosis barbae</b>                         | <b>Furuncle</b>                                            | <b>Carbuncle</b>                                | <b>Erythrasma</b>                                                            | <b>Cellulitis</b>                                           | <b>erythrasma</b>                                                                              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Etiology</b>      | <b>Cocci</b> + poor hygiene & moisture or scabies & pediculosis                                                                                                            | <b>Staph aureus</b> (infection of <b>upper</b> part of hair <b>follicle</b> ) | Staph aureus (folliculitis of the beard area) | Infection of <b>lower</b> part of the hair <b>follicle</b> | Diabetes                                        | Inflammation of <b>upper dermis</b> (B hemolytic strept)                     | INF of <b>lower dermis</b> (staph aureus – strept pyogenes) | Corynebacterium minutissimum (DM)                                                              |
| <b>C/P</b>           | 1- <b>Ordinary</b><br>2- <b>Bullous</b> : new born – staph infection – may be fatal<br>3- <b>Circinate</b> : extension of ordinary<br>4- <b>Ulcerative</b> : crust & scars | Follicular pustules                                                           | Follicular pustules & papules                 | Red papules                                                | Multiple deep boils open on surface by fistulae | Erythematous tender swollen area with <b>sharp border</b> + constitutional S | As erythrasma but <b>illdefined border</b>                  | Reddish brown patches in intertriginous areas / Give <b>red</b> fluorescence with wood's light |
| <b>Complications</b> | Post streptococcal glomerulonephritis                                                                                                                                      |                                                                               |                                               |                                                            |                                                 | Lymphedema                                                                   |                                                             |                                                                                                |
| <b>Treatment</b>     | Topical antiseptics + topical antibiotics and systemic if severe                                                                                                           | Same                                                                          | Same                                          | Same                                                       | Incision & drainage + systemic AB               | Erythromycin                                                                 | Aggressive AB                                               | Topical AB and antifungal ? systemic AB                                                        |

Viral infections

|                      | <b>Herpes simplex</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Herpes zoster</b>                                                                                                                                                                                          | <b>Warts</b>                                                                                                                                                                                                                                                                                                               | <b>Molluscum contagiosum</b>                                                                                              |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Aetiology</b>     | <b>HSV I</b> : herpes labialis<br><b>HSV II</b> : herpes genitalis                                                                                                                                                                                                                                                                                                                   | Varicella Zoster virus                                                                                                                                                                                        | Human papilloma virus                                                                                                                                                                                                                                                                                                      | Pox virus                                                                                                                 |
| <b>C/P</b>           | 1- <b>HSV I</b> :<br>a. <u>superficial vesicles</u><br>perioroficial → ulcers →<br>swollen gums &<br>lymphadenopathy +<br>constitutional manifestations<br>b. <u>recurrent</u> attacks in lips & face<br>less severe<br>c. <u>ocular</u> type<br>d. <u>herpetic whitlow</u> : in fingers<br>very painful<br>2- <b>HSV II</b> : vesicles on genitals<br>and ulcers / if pregnant → CS | Vesicles along distribution of a<br>sensory nerve + local LNs<br>enlargement – leave scar – give<br><b>permanent</b> immunity<br><br><b>DANGEROUS</b> in :<br>Bilateral<br>Old age<br>Gangrenous<br>Recurrent | 1- <b>Common warts</b> :<br>verruca papules<br>2- <b>Plane warts</b> : flat topped<br>papules<br>3- <b>Filiform warts</b> :<br>pedunculated<br>4- <b>Digitiform warts</b> : finger<br>like<br>5- <b>Planter warts</b> : foot =<br>tender – grow inward<br>6- <b>Genital warts</b> : moist<br>foul smelling in MM &<br>skin | <b>Dome</b> shaped papule with<br>central <b>umbilication</b> and<br>white cheesy material if<br>squeezed – can be sexual |
| <b>Complications</b> | 2ry infections / eye complications /<br>CNS : <b>encephalitis</b> / <b>erythema</b><br>multiforme / <b>cancer cervix</b>                                                                                                                                                                                                                                                             | Eye complication ? <b>post herpetic</b><br><b>neuralgia</b>                                                                                                                                                   | <b>Oncogenicity</b> ( cervical cancer )                                                                                                                                                                                                                                                                                    |                                                                                                                           |
| <b>Treatment</b>     | <ul style="list-style-type: none"> <li>• Antiseptic lotions</li> <li>• Acyclovir cream 5 times<br/>daily 5 days</li> <li>• IDU for eye lesions</li> <li>• <b>Acyclovir tab 200 mg 5 X 5</b></li> </ul>                                                                                                                                                                               | 1- <b>Topical</b> : drying AS lotion<br>/ Acyclovir cream<br>2- <b>Systemic</b> : Acyclovir 800<br>mg 5 X 7 - Analgesics                                                                                      | 1- <b>Cautery</b> : electro- cryo –<br>laser – chemical<br>2- <b>Podophyllon</b> resin in<br>alcohol : for venereal<br>3- <b>Radiotherapy</b><br>4- <b>Autosuggestion</b>                                                                                                                                                  | Cauterization                                                                                                             |

Fungal infections

|                  | Dermatophytes                                                                                                                                                                                                                                                                                                          |                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                                                 | Yeasts                                                                                                                                                      |                                                                                                                                                                                                                                                                                           |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | <b>Tinea capitis</b>                                                                                                                                                                                                                                                                                                   | <b>Tinea circinata</b>                                                                                                                | <b>Tinea pedis</b>                                                                         | <b>Other types</b>                                                                                                                                                                                                                              | <b>Pityriasis versicolor</b>                                                                                                                                | <b>Candidiasis</b>                                                                                                                                                                                                                                                                        |
| <b>Cause</b>     | Trichophyta & microspore                                                                                                                                                                                                                                                                                               | Trichophyta & microspore                                                                                                              | Trichophyta & epidermophyta                                                                | 1- <b><u>Tinea cruris</u></b> : scrotum not involed<br>2- <b><u>Tinea axillaris</u></b><br>3- <b><u>Tinea barbae</u></b><br>4- <b><u>Tinea mannum</u></b> : in palm<br>5- <b><u>Tinea uguium</u></b> : onychomycosis → thickened greenish nails | <b><u>Malassezia</u></b> furfur the pathogenic form of pityrosporum orbiculare                                                                              | Candida albicans                                                                                                                                                                                                                                                                          |
| <b>C/P</b>       | 1- <b><u>Scaly type</u></b> :child – bal patch with scales<br>2- <b><u>Black dot</u></b> : hair breaks leave dots<br>3- <b><u>Kerion</u></b> : also adult with boggy swelling & pustules → cicatricial alopecia<br>4- <b><u>Favus</u></b> : diffuse loss of hair with mousy odour yellow crusts → cicatricail alopecia | Annular patches with active <b><u>edge</u></b> and healing <b><u>centre</u></b> – <b><u>itching</u></b> is common on exposed surfaces | Sodden white macerated skin with bad dour between toes                                     |                                                                                                                                                                                                                                                 | <b><u>Macule</u></b> hypo or hyper pigmented with fine <b><u>scales</u></b> in upper chest arms – In <b><u>summer</u></b>                                   | 1- Cutaneous candidiasis :<br>a. Intertrigo :<br>i. Axilla & groin<br>ii. Eriosio interdigitalis mastocytica<br>iii. Angular chelitis<br>iv. Napkin dermatitis<br>b. Paronychia : nail fold tender – nail corrugated<br>2- Mucosalcandidiasis : oral thrush – vulvo vaginitis - balanitis |
| <b>Diagnosis</b> | 1- <b><u>Wood's</u></b> : <b><u>green</u></b><br>2- LM<br>3- <b><u>Culture</u></b> on saburoud                                                                                                                                                                                                                         | DD : herald patch                                                                                                                     |                                                                                            |                                                                                                                                                                                                                                                 | Wood's light gives <b><u>yellow</u></b><br><b><u>Parker ink stain</u></b> : spagitti & meatballs appearance                                                 |                                                                                                                                                                                                                                                                                           |
| <b>Treatment</b> | <b><u>Topical</u></b> alone is useless ( ketoconazole shampoo + <b><u>griseofulvin</u></b> tab for 2 months                                                                                                                                                                                                            | Topical antifungal 2 daily + systemic griseofulvin for <b><u>3 W</u></b>                                                              | 1- <b><u>Tincture</u></b> iodine 1 %<br>2- <b><u>Systemic</u></b> antifunal in sever cases |                                                                                                                                                                                                                                                 | 1- <b><u>Systemic</u></b> : ketoconazole 200X10<br>2- <b><u>Topical</u></b> : Na hyposulphide – imidazole – zinc pyrithione – white field – tincture iodine | 1- <b><u>Topical</u></b> : castellani paint – nystatin oint<br>2- <b><u>Systemic</u></b> : mycostatin oral drops – Azoles – amphotericin B in sever                                                                                                                                       |

## Scaly erythematous lesions

|                       | <b>Psoriasis</b>                                                                                                                                                                                                                                                                                                   | <b>Lichen planus</b>                                                                                                                                                                                                                                                                                     | <b>Discoid Lupus erythematosus</b>                                                                                                                                                                  | <b>Pityriasis rosea</b>                                                                                                                                                                                                |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Etiology</b>       | <b><u>Lack</u></b> of UV rays<br>- Hemolytic infection<br>- Hypocalcemia<br>- Pregnancy<br>- Trauma / psychogenic                                                                                                                                                                                                  | - Psychological<br>- Liver disease<br>- <b><u>Sunrays</u></b><br>- Antimalarial – gold                                                                                                                                                                                                                   | Chronic scaly erythematous eruption in skin                                                                                                                                                         | Considered exanthematous reaction for upper respiratory <b><u>viral</u></b> infection ( HHV 6-7 )                                                                                                                      |
| <b>C/P</b>            | Erythematous papule with shiny scales – <b><u>loosely</u></b> adherent – bleed on removal ( <b><u>Auspitz</u></b> )                                                                                                                                                                                                | <b><u>Flat topped</u></b> polyangular violaceous itchy papules with <b><u>adherent</u></b> scales in flexor areas with severe <b><u>pruritis</u></b>                                                                                                                                                     | Erythematous plaques + adherent scales + dilated pilosebaceous orifices ( <b><u>stippling</u></b> ) + telangiectasia + thin atrophic scar → <b><u>cicatricial</u></b> alopecia in sun exposed areas | <b><u>Herald</u></b> patch ( outer erythematous zone – intermediate scaly one – healing center ) parallel to rib / <b><u>2ry eruption</u></b> give <b><u>chrismats</u></b> tree appearance & jacket with short sleeves |
| <b>Clinical types</b> | 1- <b><u>Psoriasis vulgaris</u></b><br>a. Skin : in extensors – back<br>b. Scalp psoriasis<br>c. Nail psoriasis : bi;ateral pitting hyperkeratotic nail<br>d. Flexural type : scaling is absent<br>2- <b><u>Erythrodermic</u></b><br>3- <b><u>Arthropathic</u></b><br>4- <b><u>Pustular</u></b> : sterile pustules | 1- <b><u>Ordinary</u></b> LP<br>2- <b><u>Actinic</u></b> LP : in sun exposed area in summer<br>3- <b><u>Mucosal</u></b> : reticulate network – ulcerative lesion – precancerous<br>4- <b><u>LP of the scalp</u></b> : cicatricial alopecia                                                               |                                                                                                                                                                                                     | 1- <b><u>Ordinary</u></b> type<br>2- <b><u>Inverted</u></b> type : occur distal<br>3- <b><u>Abortive</u></b> type : only herald<br>4- Papular type : more elevated<br>5- <b><u>Flexural</u></b> type                   |
| <b>Treatment</b>      | 1- <b><u>Local</u></b> : coal tar – Anthralin 0.5% - corticosteroids – salicylic acid 5% - calcipotriol – PUVA – laser<br>2- <b><u>Systemic</u></b> : for extensive psoriasis : Methotrexate – retinoids – cyclosporine – corticosteroids – PUVA oral                                                              | 1- <b><u>Antihistaminics</u></b><br>2- <b><u>Steroids</u></b> & salicylic locally<br>3- <b><u>Steroids</u></b> – <b><u>retinoids</u></b> and cyclosporine systemically<br>4- <b><u>Actinic</u></b> : sunscreens 0 chloroquine 200mg /day<br>5- <b><u>Mucosal</u></b> : steroids – acitrtin – chloroquine | 1- <b><u>Sun screens</u></b><br>2- Systemic <b><u>photoprotectives</u></b> ( chloroquine )<br>3- <b><u>Corticosteroids</u></b> ( local – systemic – intralesional )                                 | 1- PT <b><u>reassurance</u></b><br>2- Avoid hot baths<br>3- <b><u>Calamine</u></b> lotion<br>4- Oral <b><u>antihistaminics</u></b> , topical corticosteroids and <b><u>UVB</u></b>                                     |

## Allergic Dermatoses

|  | <b>Eczema</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>urticaria</b>                                                                                                                                                                                                                                                                                                                           | <b>Erythema multiforms</b>                                                                                                                                                                                 | <b>Drug eruptions</b>                                                                                                                                                                                                                                                                                                       |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | May be genetic in types as atopic & allergic contact dermatitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1- Exogenous : foods as fish-chocolate / drugs as penicillin injected or ingested / pollens<br>2- Endogenous : infection – parasites – SLE – lymphoma – pregnancy                                                                                                                                                                          | 1- Genetic factors<br>2- Infections : HSV<br>3- DRUGS : NSAIDs<br>4- Autoimmune : SLE<br>5- Malignancy : lymph                                                                                             | Allergy to the drug                                                                                                                                                                                                                                                                                                         |
|  | 1- <b>Contact</b> dermatitis :<br>a. 1ry irritant dermatitis : any individual<br>b. Allergic contact dermatitis : type IV in genetic susceptible<br>2- <b>Discoid</b> eczema : well defined<br>3- <b>Atopic</b> eczema : genetic with FH<br>a. Infantile : on cheeks & hands<br>b. Childhood : on flexures<br>c. Adult : hyperpigmentation & lichenification<br>4- <b>Stasis</b> eczema : venous insufficiency → edema oozing vesiculation itching<br>5- <b>Seborrheic</b> eczema : by malassezia furfur<br>a. Infantile type : scales on scalp & diaper area<br>b. Aadult : from androgens on sebaceous glands | 1- <b>Ordinary</b> urticaria<br>2- <b>Factitious</b> : very mild – follow trauma<br>3- <b>Cholinergic</b> : itchy sensation after sweating with wheals on scalp –neck upper chest<br>4- <b>Physical</b> : either solar – pressure – cold –heat<br>5- <b>Popular</b> : due to insect bite in infants & children / wheal then papule over it | 1- <b>EM minor</b> : only limmited to skin – no or mild mucosal involvement – no systemic involvement<br>2- <b>EM major</b> : extensive mucosal and systemic involvement → death                           | 1- <b>Urticarial &amp; angioedema</b><br>2- <b>Erythroderma</b> ( exfoliative dermatitis )<br>3- <b>Photosensitive</b> drug reaction<br>4- <b>Acneform eruptions</b> ( steroids )<br>5- <b>Fixed drug eruption</b> : with sulfonamides & NSAIDs / fixed to the drug & site / permengnate colored macule vesicles & eruption |
|  | -acute eczema : erythema –swelling – vesicles<br>-chronic eczema : lichenification & excoriations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sudden appearance of elevated edematous lesion varies in size transient for few hours                                                                                                                                                                                                                                                      | Primary lesion : iris ( target ) lesion erythematous annukar ring with central vesicle / in mucosa : may form painful HGE bullae & erosions                                                                | Acute atypical inflammatory eruptions suside after stoppage of drug                                                                                                                                                                                                                                                         |
|  | 1- <b>Acute</b> : drying antiseptic lotion & corticosteroid cream with hydrous base – systemic antihistaminics & corticosteroids<br>2- <b>Chronic</b> : local corticosteroids cream<br>3- <b>Atopic</b> : + topical immunomodulators & UVB<br>4- <b>Seborrheic</b> : antidandruff shampoo                                                                                                                                                                                                                                                                                                                       | 1- <b>local</b> : cold compresses –calamine lotion – steroids<br>2- <b>Systemic</b> : oral antihistaminic → parentral AH → oral steroids → parentral steroids → adrenaline SC or IM                                                                                                                                                        | 3- <b>Local</b> : compresses – calamine lotion – steroids – antiseptics<br>4- <b>Systemic</b> : antihistaminics – steroids – antibiotics<br>5- <b>Major needs</b> hospitalization and TTT of complications |                                                                                                                                                                                                                                                                                                                             |

|                 | <b>Vitiligo</b>                                                                                                                                                                                                                                                                                                                       | <b>ALopecia</b>                                                                                                                                                                                                                                                                                                                                                   | <b>Acne</b>                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Etiology</b> | Melanocytes are destroyed and disappear from epidermis due to :<br>1- <b>Autoimmune</b> : antimelanocyte AB precipitated by psycho or mechanical trauma<br>2- <b>Neurogenic</b> L melanocytotoxic substances from nerve endings<br>3- <b>Chemical</b> : <b>melanocytotoxic</b> substances from rubber gloves etc<br>4- <b>UV rays</b> | 1- <b>Cicatricial</b> : mechanical trauma – fungal inection DLE – lichen planus<br>2- <b>Non cicatricial</b> :<br>a. <b>Telogen</b> : postpartum – nutritional deficiency<br>b. <b>Anagen</b> : cytotoxic – retinoids – <b>mercury</b><br>c. <b>Familial</b> baldness : overactivity 5alfa reductase<br>d. <b>Areata</b> : genetic factors – immunological actors | <b>Block</b> of follicular opening by KCs – <b>dilatation</b> of the lower part – <b>disruption</b> of the epithelium – <b>discharge</b> into the dermis – <b>inflammation</b> especially with propionobacterium acnes lead to <b>papule pastule</b> nodulocystic lesions |
| <b>Types</b>    | 1- <b>Focal</b> vitilgo<br>2- <b>Unilateral</b> vitilgo<br>3- <b>Generalized</b> vitilgo<br>4- <b>Universal</b> vitilgo                                                                                                                                                                                                               | 1- <b>Cicatricial</b><br>2- <b>Non cicatricail</b> : telogen effulfium – anagen effluvium – androgenitic alopecia – alopecia areata ( patchy – marginaalis – ophiasis – totalis – universalis )                                                                                                                                                                   | 1- <b>Mild</b> ; comedones – no papules<br>2- <b>Moderate</b> : comedones – paules – pustules<br>3- <b>Sever</b> : nodules & cysts                                                                                                                                        |
| <b>DD</b>       | DD : tinea versicolor – pityriasis alba- postinflammatory hypopigmentation                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |
| <b>Tratment</b> | 1- <b>Phoyototherapy</b> : PUVA<br>2- <b>Steroids</b> & immunomodulators<br>3- <b>Surgical</b> : punch grafting & tissue culture<br>4- <b>camouflage</b>                                                                                                                                                                              | 1- <b>topical</b> ; local irritants – corticosteroids cream – PUVA – minoxidil<br>2- <b>systemic</b> : antidepressant – corticosteroids                                                                                                                                                                                                                           | 1- <b>topical</b> : erythromycin lotion – retinoids – benzyl peroxide – azelic acid<br>2- <b>systemic</b> : antibiotics (tetracycline) + retinoids – dapsone & steroids ( sever )                                                                                         |

**The following topics has to be studied from the department book : leprosy & protozoal infections**

**PREPARED BY**  
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